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ETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional)		
FY 2009	SEDERM 3.0-002		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	E11-4	Dagambar 10, 2002	
Application Number 10/742,344-Conf. #6240	Filed	December 19, 2003	
For COSMETIC OR DERMOPHARMACEUTICAL COMPOSITIONS	OF CERAMI	ES AND POLYPEPTIDES	
Art Unit 1654	Examiner	R. T. Niebauer	
This is a request under the provisions of 37 CFR 1.136(a) to extend the perapplication.	riod for filing a r	eply in the above identified	
The requested extension and fee are as follows (check time period desired	and enter the a	ppropriate fee below):	
<u>Fee</u>	Small Enti	ty Fee	
One month (37 CFR 1.17(a)(1)) \$130	\$6	5 \$	
Two months (37 CFR 1.17(a)(2)) \$490	\$24	5 \$	
X Three months (37 CFR 1.17(a)(3)) \$1110	\$55	5 \$ 1,110.00	
Four months (37 CFR 1.17(a)(4)) \$1730	\$86	5 \$	
Five months (37 CFR 1.17(a)(5)) \$2350	\$117	5 \$	
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
X The Director has already been authorized to charge fees in this	application to	a Deposit Account.	
The Director is hereby authorized to charge any fees which may	y be required, o	or credit any overpayment, to	
Deposit Account Number 12-1095 . WARNING: Information on this form may become public. Credit card in	oformation chaul	d not be included on this form	
Provide credit card information and authorization on PTO-2038.	normation snou	a not be meladed on the form.	
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 0 Statement under 37 CFR 3.73(b) is enclosed		SB/96).	
attorney or agent of record. Registration Number	32,	362	
attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34			
Signature		October 28, 2008 Date	
Michael H. Teschner		(908) 518-6313	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

Typed or printed name

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Telephone Number